



Data Consortium:

Leveraging Kansas health data to advance health reform via data-driven policy

December 1, 2009

Introductions

Kansas Health Indicators Document Updates

Recent Enhancements

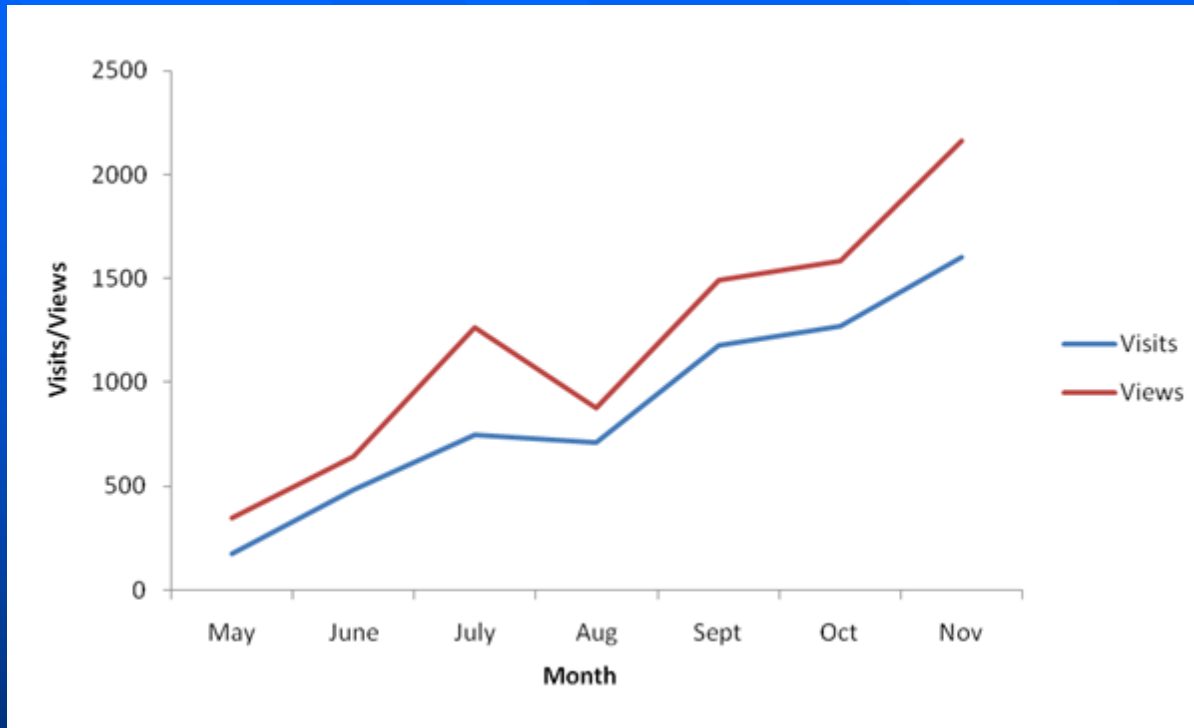
(Oct-Nov, 2009)

- 21 Indicators updated with recent data (2008)
- County-level data added in the form of geomaps for 6 additional workforce indicators
- 31 additional indicators now have multi-state benchmarks (State geomaps showing comparisons for all US States)
- See handout for detailed list

All changes indicated in the tracking log below each indicator

Recent Enhancements (cont'd)

Kansas Health Indicators – Monthly Usage Statistics



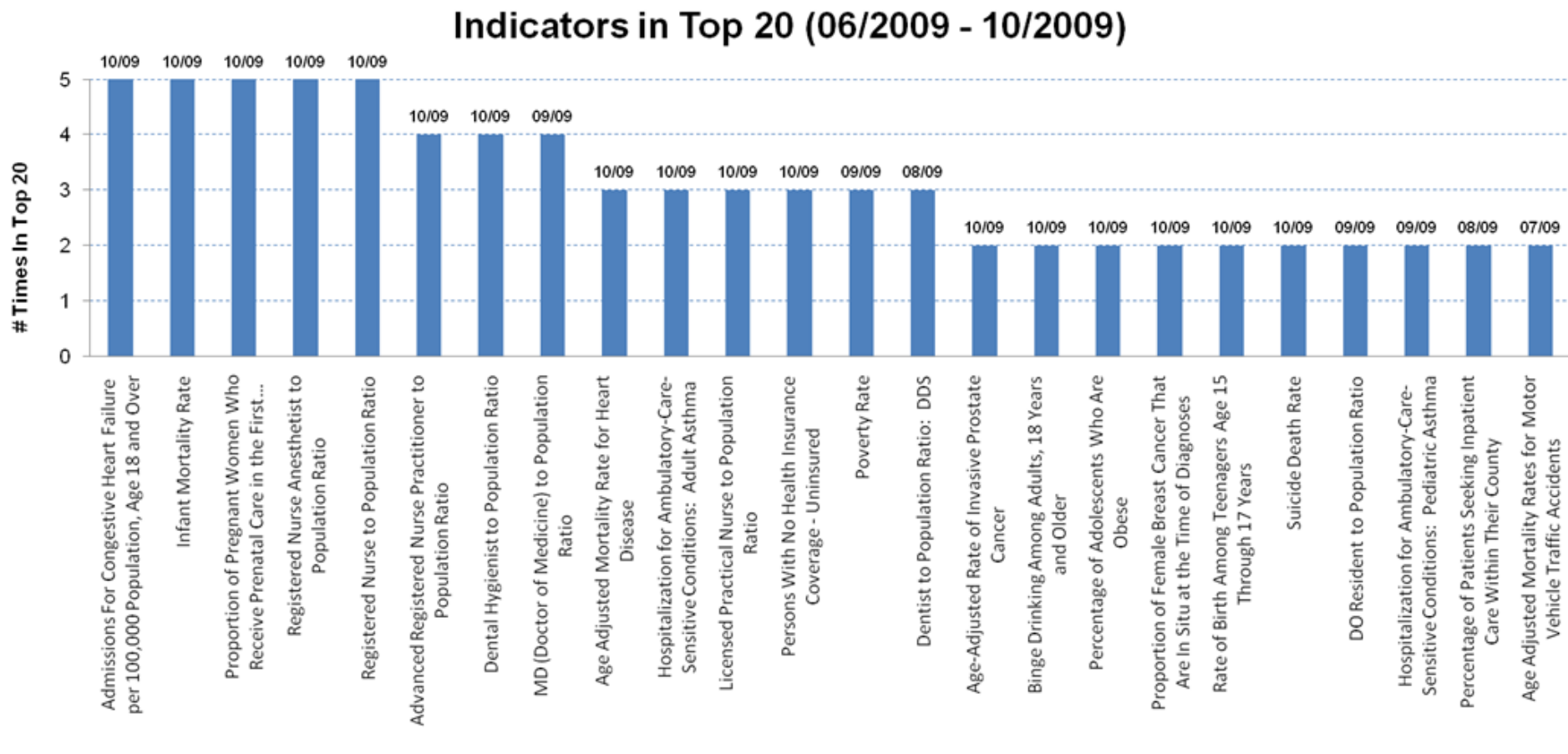
Month	Visits	Views
May	174	348
June	486	643
July	747	1267
Aug	712	874
Sept	1181	1493
Oct	1268	1587
Nov	1605	2166

- Continuing collection of indicator-level usage statistics:
 - Useful for dynamic, user-driven content management
 - Can help prioritize indicators based on interest to users
 - Optimization of display to minimize “information overload”

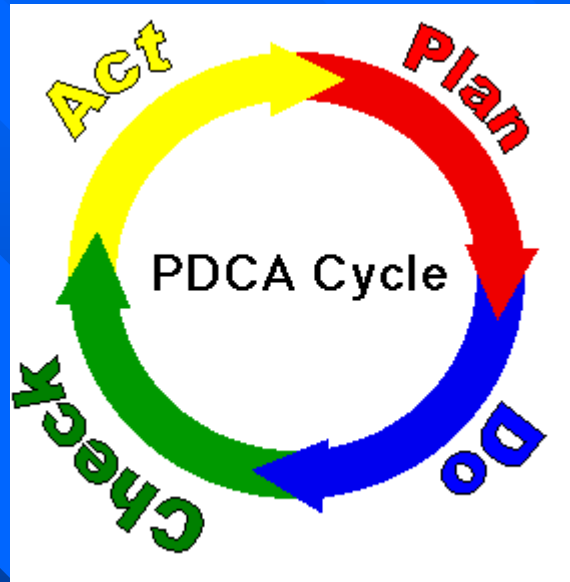
Further enhancements will be continually made

Recent Enhancements (cont'd)

Kansas Health Indicators – Most Frequently Viewed (Analysis of monthly usage stats: June-Oct 2009)



PDCA Methodology



Rapid cycle, Continuous Quality Improvement technique conceived by Walter Shewhart in 1930 & later adopted by Edward Deming

Plan – the process improvement steps

Do - implement the planned steps (initially on a small scale, if desired)

Check – the results. Did it work or not? Lessons learned.

Act – Adopt (Hardwire) or abandon the change or run through the PDCA cycle again

Aligning Data Consortium Efforts with Other Initiatives

State/National Level Initiatives of Interest

- Commonwealth State Scorecard on Health System Performance 2009 – *Hareesh Mavoori, KHPA*
- Quality Improvement Plan for Clinics – *Denice Curtis, KAMU*
- Kansas Healthcare Collaborative Quality Summit – *Kendra Tinsley, KHC*
- Present on Admission Indicator – *Andy Allison, KHPA*

Commonwealth State Scorecard on Health System Performance 2009

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx>

Executive Summary:

2009 Rankings

- States ranked on 5 dimensions (# indicators within parentheses):
 - » Access (4)
 - » Prevention & Treatment (16)
 - » Avoidable Hospital Use & Costs (10)
 - » Healthy Lives (8)
 - » Equity (24)
- Top 5 ranking states:
 1. Vermont
 2. Hawaii / Iowa
 3. Minnesota
 4. Maine
 5. New Hampshire
- Kansas rank: 23rd (18th in 2007)
- Lowest ranked state: Mississippi

Executive Summary:

High Level Findings

- Adult coverage decreased; Insurance rate for children steady or increased (attributed largely to SCHIP programs)
- Health care quality improved in hospitals, nursing homes, and home health agencies (attributed to performance improvement initiatives and increased public reporting in Medicare)
- Ambulatory care quality and care coordination did not improve and, in some cases, declined
- Differences between care received by high- and low-income individuals (equity gaps) are large both within and between states

Kansas-Specific Results: Rankings by Dimension

Rankings		
	2009 Scorecard	Revised 2007 Scorecard ^a
OVERALL	23	18
Access	25	15
Prevention & Treatment	17	15
Avoidable Hospital Use & Costs	23	27
Equity ^b	32	27
Healthy Lives	31	27

Kansas-Specific Results: Ranking Distribution

Number of Indicators for Which State Ranked in:				
	2009 Scorecard		Revised 2007 Scorecard ²	
	Count	%	Count	%
<i>Total no. of indicators</i>	36	100%	37	100%
Top 5 States	1	3%	0	0%
Top Quartile	5	14%	9	24%
2nd Quartile	14	39%	11	30%
3rd Quartile	15	42%	16	43%
Bottom Quartile	2	6%	1	3%
Bottom 5 States	0	0%	0	0%

Kansas-Specific Results: Best Rankings

- Best Ranking Indicators - Top Quartile
 - Percent of Children who received needed mental health care in the past year (2009: 8; 2007: 28)
 - Percent of Medicare patients whose health care provider always listens, explains, shows respect, and spends enough time with them (2009 : 10; 2007: 35)
 - Percent of Medicare patients giving a best rating for health care received in the past year (2009: 8; 2007: 12)
 - Percent of high-risk nursing home residents with pressure sores (2009: 10; 2007: 18)
 - Percent of long-stay nursing home residents who were physically restrained (2009: 5; 1007: 10)

Kansas-Specific Results: Worst Rankings

- Worst Ranking Indicators - Bottom Quartile
 - Percent of hospitalized patients received recommended care for heart attack, heart failure, and pneumonia (2009: 42; 2007: 6)
 - Percent of heart failure patients given written instructions at discharge (2009: 42; 2007: 16)

Kansas-Specific Results:

Fiscal impact of improvements

Indicator	If KANSAS improved its performance to the level of the best-performing state for this indicator, then:	
Insured Adults	148,875	more adults (ages 18–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Insured Children	43,925	more children (ages 0–17) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Adult Preventive Care	94,697	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, pap smears, and flu shots at appropriate ages.
Diabetes Care	NA	more adults (age 18 and older) with diabetes would receive three recommended services (eye exam, foot exam, and hemoglobin A1c test) to help prevent or delay disease complications.
Childhood Vaccinations	6,877	more children (ages 19–35 months) would be up-to-date on all recommended doses of five key vaccines.
Adults with a Usual Source of Care	105,409	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed.
Children with a Medical Home	55,886	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed.
Preventable Hospital Admissions	9,417 \$47,731,142	fewer hospitalizations for ambulatory care sensitive conditions would occur among Medicare beneficiaries (age 65 and older) and dollars would be saved from the reduction in hospitalizations.
Hospital Readmissions	2,848 \$32,177,276	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older) and dollars would be saved from the reduction in readmissions.
Hospitalization of Nursing Home Residents	1,918 \$11,529,103	fewer long-stay nursing home residents would be hospitalized and dollars would be saved from the reduction in hospitalizations.
Mortality Amenable to Health Care	431	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate health care.

Quality Improvement Plan for Clinics

Kansas Healthcare Collaborative (KHC) Quality Summit

KHC Inaugural Summit on Quality

- Held Oct. 16, 2009 at Capitol Plaza Hotel, Topeka
- Jointly hosted by KHA/KMS (KHC)
- Achieved goal of reaching out to >200 providers across Kansas incl. 77 hospitals and 37 physicians
- Very positive evaluations from participants reflecting need for and appreciation of info shared

KHC Inaugural Summit on Quality (cont'd)

- KHC's focus continues on organizational structure and developments with efforts ongoing to hire a Program Manager
- Project on influenza immunization of healthcare workers to be launched in 2010. Baseline survey being designed
- Steering Committee strategic planning session scheduled for February 2010 to further define and guide efforts

Present on Admission (POA) Update

Data Analytic Interface (DAI) Update

Final User Acceptance Testing (UAT) Underway

- Started UAT2 / Pre-production validation testing on Nov. 30
- Preliminary reconciliations between DAI output and MMIS promising
- Over 20 testers involved
- 3 weeks of intensive testing involving 200+ MMIS and SEHP test case scenarios
- KHIIS test data files sent to vendor for analysis

DAI Status

- January 2008 - Vendor proposals reviewed (technical & cost) to shortlist top vendors
- February 2008– Vendor presentations and first round of negotiations
- February 2008 – Revised cost proposals from all 3 vendors received
- March 2008 – Site visits to clients of potential vendors (reference checks)
- March 2008 – Best & Final Offers Received
- April 2008 – Decision and Proposal sent to CMS
- June 2008 – CMS & KITO approval of vendor selection
- June/July 2008 – Pre-JAD sessions with user groups commenced
- July 2008 – Final Contract Negotiations completed.
- July 2008 – Contract signed and awarded to Thomson Reuters
- August 2008 – Weekly planning meetings commenced and are ongoing
- September 4, 2008 – Work plan approved by KHPA and KITO; Execution started
- September 30, 2008 – Requirements gathering completed from all project stakeholder teams
- October 7, 2008 – Data Summit to normalize all data sources into one database
- October 8, 2008 – Combined Requirements Review and Kick-off
- November 25, 2008 – Requirements Summary Document approved
- March 4, 2009 – Integrated data model approved
- July 9, 2009 – System Integration Test 1 Complete (3 months of data)
- August 3-5, 2009 – Tester Training
- August 17-29 – System Integration Test 2 (3 years of data) and User Acceptance Testing 1
- December 2009- User Acceptance Testing 2 ongoing

Anticipated launch dates: MMIS/SEHP – January 2010; KHIIS Integration – March 2010

DAI – Report Ideas

- Medicaid/SCHIP
 - Five years history
- State Employee Health Program
 - Five years history
- KHIIS
 - No initial historic data load, but accumulated over time
 - Legacy data will be stored on KHPA SQL server

Consortium members are invited to suggest ideas for analyses using the cross-database capabilities of the DAI

Example: Cost and volume driver comparisons between Medicaid, State Employee Health Plan, & KHIIS

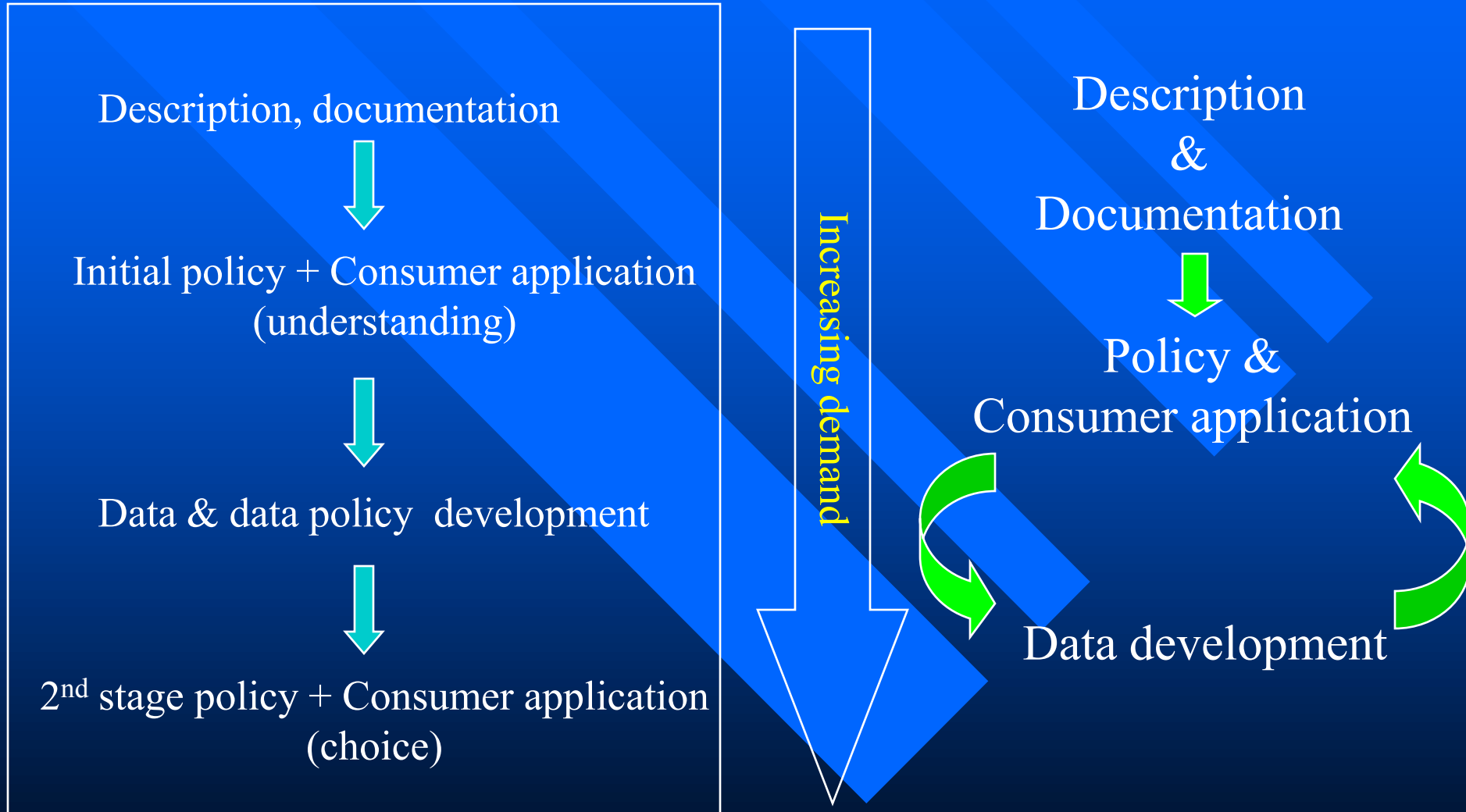
Data Consortium Agenda - Advancing Data Policy

Data Consortium Charge

To serve as a multi-stakeholder public advisory group to the KHPA Board with the following specific responsibilities:

- Make recommendations regarding the scope of the Authority's responsibilities for managing health data;
- Recommend reporting standards and requirements for non-programmatic data owned or managed by the Authority;
- Craft data use policy recommendations governing access to health information by external users;
- Recommend empirical studies and evaluations supporting the goals and objectives of the Authority;
- Provide input on health and health care data initiatives in other organizations and agencies;
- Develop recommendations for public reporting standards for consumers, health care providers and other health care organizations.

Reporting Strategy



Today's Focus Areas:

1. Health Professions Workforce Data
Workgroup Update

2. KHIIS / Private Payer Market
Developmental Draft Report Samples

Health Professions Workforce Data Collection

[http://www.khpa.ks.gov/data_consortium/Health_Professions
_Workforce_Data.html](http://www.khpa.ks.gov/data_consortium/Health_Professions_Workforce_Data.html)

Health Professions Workforce Data Workgroup Update

- First workgroup meeting held November 6, 2009 in Topeka
- Attended by 22 reps from 13 organizations:
 - » 5 licensure boards (Healing Arts, Nursing, Dental, Pharmacy, Health Occupations Credentialing)
 - » 2 state agencies (KDHE, KHPA)
 - » 6 health organizations (KHA, KHI, BCBS-KS, St. Francis, KAMU, KAFP)
- Complete membership list at:
http://www.khpa.ks.gov/data_consortium/Team%20Members/Health_Prof_Workforce_WrkGrp.pdf

Health Professions Workforce Data Workgroup Update (cont'd)

- Goal: *To review current Kansas licensure data, identify gaps, and determine how best to obtain additional data necessary to support statewide workforce planning while minimizing the cost/burden to providers and associations for collecting it.*
- Presentations to attendees:
 - Overview of Licensure Database (KHPA)
 - Benefits of HPSA/MUA designations (KDHE)
 - Physician and Oral Workforce Study Recommendations (KUMC)

Health Professions Workforce Data Workgroup Update (cont'd)

- Needs assessment: Members discussed workforce data needs from various organizational perspectives and offered input on workgroup strategy
- Workgroup members will continue to communicate needs offline through a worksheet
- A table of all data currently submitted by Boards to KHPA will be matched with needs to identify gaps (additional workforce data elements needed)
- Other state initiatives (NC, CA, FL, TX, HI, etc) being studied to select optimal workforce data strategy

Two more meetings planned to culminate in presentation of recommendations to Consortium and KHPA Board in March 2010

KHIIS/ Private Payer Market Reports

KHIIS Developmental Draft Report Samples

- Utilization and Payment Statistics by Diagnosis Group and Age (2007):
 - Summary Table
 - Graph – Total Charged and Paid by Diagnosis Group
- Private Insurance Market Statistics (Form 100 submissions to KID, 2005-2008):
 - Summary Table
 - Graphs – Market share as a function of time

KHIIS Developmental Draft Report Samples

- Outpatient Rehabilitation Therapy Services (2005-2008):
 - Tables and comparison with Medicaid
 - Graph 1: Unique Claims
 - Graph 2: Unique Billing Providers
 - Graph 3: Unique Consumers
 - Graph 4: Net Paid Amount
 - Graph 5: Change from Previous Years
 - Graph 6: Net Paid per Consumer

Open Discussion & Next Steps

Future Meeting Dates

(Tentative)

- February 3, 2010 (Wednesday) : 1-4pm



<http://www.khpa.ks.gov/>